

OCT 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Like
 Township Buffalo
 City Louisiana

Registration District No. 689
 Primary Registration District No. 3033

File No. 35025
 Registered No. 1 Ward

2. FULL NAME

Harry Harrol Godwin
 (a) Residence, No. Louisiana, Mo. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Bridget Godwin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 - 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 1 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Data deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Missouri

13. NAME Thomas Godwin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eliza Harrol
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Self - Hospital Record Louisiana, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cem DATE Sept 27 1937

19. UNDERTAKER (ADDRESS) W. F. Suda

20. FILED Sept 28 1937 J. A. Haley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-8 1937, to 9-27 1937.

I last saw him alive on 9-27 1937. Death is said to have occurred on the date stated above, at 10:25 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis (transient).

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 9-8 1937

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Industrial - 4 ft ladder

Nature of injury Death - Convulsions

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Electricity while working at table

(Signed) J. A. Haley M. D.

(Address) Louisiana, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

